

345 INTERIORS LTD - NEW SUPPLIER QUESTIONNAIRE



THIS FORM MUST BE COMPLETED BY BONA-FIDE SUB-CONTRACTORS AND LABOUR ONLY SUB-CONTRACTORS.

PLEASE PRINT, COMPLETE AND RETURN THIS DOCUMENT BEFORE COMMENCEMENT OF WORK ON SITE. PLEASE ENSURE THAT ANY ADDITIONAL SHEETS ARE MARKED CLEARLY WITH YOUR NAME.

THE RED SECTIONS ARE MANDATORY.

345 INTERIORS LIMITED
11 JERUSALEM PASSAGE
LONDON. EC1V 4JP

EMAIL COMPLETED FORM TO invoice@345interiors.co.uk

FIRST NAME		SURNAME	
TRADING AS (LEGAL NAME)			
FULL ADDRESS			
POST CODE			
TEL NO		MOBILE NO	
EMAIL ADDRESS		WEBSITE	
TRADE			
WORKING STATUS	SUB-CONTRACTOR / COMPANY / PARTNERSHIP		
CIS REGISTERED			YES / NO
CIS/UTR NUMBER		N.I NUMBER (Sub-Contractor only)	
VAT NUMBER		DATE OF REGISTRATION	
LTD COMPANY UTR		COMPANY REG NO.	
BANK NAME		SORT CODE	
ACCOUNT NUMBER		BENEFICIARY NAME	
DIRECTORS NAMES			
NATIONALITY (Sole Trader)			
If you are not a British passport holder or a European citizen, or you do not have a permanent right to remain in the UK, you will require a work permit.			
DO YOU NEED A WORK PERMIT TO BE EMPLOYED IN THE UK? (Sole Trader)			YES / NO
If you already have a work permit when does it expire? (Please note that your current work permit may not be valid for this post)			

PLEASE PROVIDE A GOOD QUALITY PHOTOCOPY OF BOTH SIDES OF YOUR CIS CARD AND PROOF YOUR NATIONAL INSURANCE NUMBER.

IF TRADING AS A LTD COMPANY OR VAT REGISTERED, PLEASE PROVIDE PHOTOCOPY OF YOUR REGISTRATION CERTIFICATES

PLEASE PROVIDE A COPY OF YOUR HEALTH AND SAFETY POLICY AND PROCEDURES

PRIMARY TRADE		YEARS IN TRADE	
SKILLS / EXPERIENCE / PREVIOUS PROJECTS			
HIGHEST QUALIFICATION		DATE ACHIEVED	
PROVIDE DETAILS AND EVIDENCE OF TRAINING PROVIDED FOR STAFF			

DO YOU EMPLOY SUB-CONTRACTORS? YES / NO

IF YES PLEASE CONFIRM THAT YOU HAVE A PROCESS FOR SUB-CONTRACTOR VETTING YES / NO

PROVIDE TWO TRADE REFERENCES TO BE CONTACTED	1	2	
CONTACT NAME (SITE MANAGER/CLIENT)			
WORK COMPLETED/SERVICES PROVIDED			
PROJECT START DATE			
VALUE OF PROJECT			
CONTACT TELEPHONE NO			
CONTACT EMAIL ADDRESS			
GENDER (Sole Trader)	MALE	FEMALE	
ETHNIC ORIGIN (Sole Trader)	WHITE BRITISH	BLACK/BLACK BRITISH	CHINESE
	WHITE IRISH	ASIAN/ASIAN BRITISH	OTHER
	WHITE OTHER	MIXED	

(THE ABOVE INFORMATION IS REQUESTED FOR COMPANY EQUAL OPPORTUNITIES RECORDS AND WILL NOT BE SHARED OR USED FOR ANY OTHER PURPOSES)

DO YOU HAVE ANY OF THE FOLLOWING TRAINING? (PLEASE NOTE THAT TRAINING CAN BE ARRANGED THROUGH 345 INTERIORS. PLEASE CALL FOR FURTHER DETAILS)		DATE RECEIVED	EXPIRES
CSCS CARD - COMPULSARY FOR ALL OPERATIVES			
PASLODE OPERATIVE - COMPULSORY IF USING NAIL GUNS			
BANKSMAN/SLINGER			
SSSTS (SITE SUPERVISOR TRAINING SCHEME)			
SMSTS (SITE MANAGER SAFETY TRAINING SCHEME)			
PASMA			
FIRST AID			
ASBESTOS AWARENESS			
FIRE MARSHALL			
PTS TRAINING - COMPULSORY FOR WORKING IN RAIL			
OTHER, PLEASE DETAIL ON A SEPARATE SHEET			
PLEASE PROVIDE GOOD QUALITY PHOTOCOPIES OF YOUR TRAINING CERTIFICATES			
PUBLIC LIABILITY INSURERS		POLICY NUMBER	
LEVEL OF COVER		RENEWAL DATE	
HAVE YOU MADE ANY CLAIMS IN THE PAST 5 YEARS?		YES / NO	
IF YES, PLEASE GIVE DETAILS			
PLEASE PROVIDE GOOD QUALITY PHOTOCOPIES OF YOUR PUBLIC LIABILITY INSURANCE CERTIFICATE			
ACCIDENT RECORDS AND HISTORY (ORDER BY MOST RECENT)			
	DETAILS	DATE	RIDDOR REPORTABLE
1			YES / NO
2			YES / NO
3			YES / NO
PLEASE PROVIDE A COPY OF AN EXAMPLE RISK ASSESSMENT / METHOD STATEMENT FOR WORKS SIMILAR TO THOSE REQUESTED			
ALL PORTABLE POWER TOOLS USED ONSITE ARE REQUIRED TO BE PAT TESTED REGULARLY.			
SPOT CHECKS WILL BE CARRIED OUT ON ALL SUBCONTRACTORS. PAT TESTING CAN BE ARRANGED THROUGH 345 INTERIORS LTD. PLEASE CALL FOR DETAILS.			
ARE YOUR TOOLS REGULARLY PAT TESTED (PORTABLE APPLIANCE TESTING)?		YES / NO	
PLEASE PROVIDE GOOD QUALITY PHOTOCOPIES OF YOUR APPLIANCE TESTING RECORDS/CERTIFICATES			
DO YOU HAVE A DISABILITY WHICH MAY AFFECT YOUR ABILITY TO UNDERTAKE YOUR DUTIES OR WHICH REQUIRES SPECIAL REQUIREMENTS?		YES / NO	
IF YES PLEASE GIVE DETAILS			

HAVE YOU EVER HAD ANY OF THE FOLOWING?		YES / NO	DETAILS
1	Epilepsey, fits blackouts fainting turns or unexplained loss of consciousness		
2	Vertigo,dizziness,giddiness,problems with balance		
3	Recurrent headache or migrane		
4	Diseases of the nervous system eg. Neuritis, stroke		
5	Chest pain,angina,heart disease or breathlessness		
6	Any visual defect eg. Scotma,blindness in one eye, reduced visual field blurred vision or colour blind		
7	Raised or low blood pressure		
8	Any blood disorder		
9	Astma, bronchitis,emphysema, pneumonia or lung disease		
10	Jaundice or any form of hepitiias or liver problem		
11	Kidney or bladder conditions		
12	Arthritis, gout or rheumatism		
13	Any metabolic disorder including diabetes thyroid and adrenal gland disease		
14	Psoriasis, eczema, allergic skin rash or other skin disorder		
15	Any infectious diseases		
16	Anxiety/depression, mental breakdown or stress related problems		
17	Substance missuse		
18	Any allergies including hay fever		
19	Any malignancies or cancers		
20	Any operations or surgical procedures		
21	Ear or hearing problems		
22	Any other medical condition		
23	Have you ever consulted a orthopaedic surgeon, chiropractor, osteopath or physiotherapist		
24	Are you currently attending a hospital/GP for treatment or waiting for an appointment		
HAVE YOU EVER LEFT A JOB OR BEEN MEDICALLY RETIRED DUE TO ILL HEALTH?			YES / NO
IF YES PLEASE GIVE DETAILS			
HOW MUCH ALCOHOL ON AVERAGE DO YOU CONSUME DURING A SEVEN DAY PERIOD (1 UNIT= 1/2 BEER/ 1 GLASS OF WINE/ 1MEASURE OF SPIRITS)?			UNITS
DO YOU HAVE A CRIMINAL RECORD?			YES / NO
IF YES, PLEASE PROVIDE DETAILS			
HAVE YOU EVER ATTENDED AN EMPLOYMENT TRIBUNAL?			YES / NO
IF YES, PLEASE PROVIDE DETAILS			
HAVE YOU EVER BEEN REMOVED FROM SITE DUE TO BREACH OF HEALTH AND SAFETY?			YES / NO
IF YES, PLEASE PROVIDE DETAILS			
HAVE YOU EVER BEEN REMOVED FROM SITE FOR ANY OTHER REASON?			YES / NO
IF YES, PLEASE PROVIDE DETAILS			

DECLARATION

I/We declare that the information given above is true and complete. I/We understand that any misleading information or omissions will be sufficient grounds for removal from site. I/We will notify you immediately if any of my answers on the above questionnaire change. I/We understand that the information provided will be held in my confidential file on paper or computer and will only be used for health and safety purposes.

PRINT NAME	SIGNATURE	DATE

OFFICE USE ONLY:

DOCUMENTS RECIEVED	YES / NO	DOCUMENTS VERIFIED	YES / NO
REF 1 CONTACTED	YES / NO	REF 2 CONTACTED	YES / NO
COPY OF REPLY ATTACHED	YES / NO	COPY OF REPLY ATTACHED	YES / NO
ACCOUNT SET	YES / NO	SUBCONTRACTOR REF	

PRINT NAME	SIGNATURE	DATE

CONTINUATION SHEET

FULL NAME		CONTINUATION PAGE		OF	
PRINT NAME		SIGN			
TRADING AS NAME		DATE			